



**DENTAL BOARD OF CALIFORNIA**  
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## Verification of Pending Contract for Faculty Practice

The dentist listed below is applying to California for licensure based upon, among other criteria, having a pending contract to teach or practice dentistry full time in an educational facility. You are being requested to verify his/her pending contract. *Append copy of contract.*

I hereby certify that \_\_\_\_\_ has entered into a

contract with \_\_\_\_\_

at this address: \_\_\_\_\_

to teach or practice dentistry full time.

I further certify that this dental education program is accredited by the ADA Commission on Dental Accreditation.

Employment will commence after the dentist is issued a California dental license, and will continue for (mo./yrs) \_\_\_\_\_.

All parties understand that the Dental Board may periodically request verification of compliance with the employment requirements, and may revoke said dentist's license in the case of non-compliance.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Contact Number*

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